24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Day for America	
	C C00581868
Check if 24-hour report X 48-hour report New report Amends report file	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
New Day Media, LLC	M M / D D / Y Y Y
Mailing Address 501 Morrison Road	11 30 2015
Suite 201	Amount
City State Zip Code	282366.00
Gahanna OH 43230	Transaction ID : SE.4211 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA BUY Category/ Type	11 30 7 2015
Name of Federal Candidate Support Of	ffice Sought: House District:
IOHN B KASICH	President Senate State: MA
	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
New Day Media, LLC	11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 501 Morrison Road	30 2013
Suite 201	Amount
City State Zip Code	18000.00
Gahanna OH 43230	Transaction ID : SE.4212
Purpose of Expenditure Category/	Date of Disbursement or Obligation
MEDIA BUY Type	11 30 2015
Name of Federal Candidate Support Of	ffice Sought: House District:
JOHN R KASICH Oppose	President Senate State: VT
	isbursement For: X Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	300366.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
J. Matthew Yuskewich [Electronically Filed] Date	11 30 2015
Signature	20.0

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Day for America	C C00581868	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Date of	f Public Distribution/Dissemination	
	11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 501 Morrison Road Amount	t	
Suite 201		
City State Zip Code Gahanna OH 43230 Transa	282000.00	
Date of	ction ID: SE.4213 f Disbursement or Obligation	
NEDIA DIIV	11 30 / Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office Sought:	House District:	
JOHN R KASICH Oppose Presider		
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For:	
Full Name of Payee Date of	f Public Distribution/Dissemination	
	M / D D / Y Y Y Y	
Mailing Address Amoun	t	
City State Zip Code	, , , , , , , ,	
Date o	f Disbursement or Obligation	
Purpose of Expenditure Category/ Type	*M / D *D / Y *Y *Y *Y	
Name of Federal Candidate Support Office Sought:	: House District:	
Oppose Presider	nt Senate State:	
Calendar Year-To-Date Per Election for Office Sought	For: Primary General	
Otl	her (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	282000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	4 1 4 1 4 1	
(c) TOTAL Independent Expenditures	582366.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
J. Matthew Yuskewich [Electronically Filed] Date 11	30 / 2015	
Signature		